

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.
10/511989

APPLICANT(S)

FILED DATE
W/10/511989
National Stage Processing
PCT/US/89/000000
(7/23/89)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51			/			
2			/				52			/			
3			/				53			/			
4			/				54			/			
5			/				55			/			
6			/				56						
7			/				57						
8			/				58						
9			/				59						
10			/				60						
11			/				61						
12			/				62						
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
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24			/				74						
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37			/				87						
38			/				88						
39			/				89						
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41			/				91						
42			/				92						
43			/				93						
44			/				94						
45			/				95						
46			/				96						
47			/				97						
48			/				98						
49			/				99						
50			/				100						
TOTAL IND.		↓	11	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	43	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			54				TOTAL CLAIMS						